

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Padmanabhan et al.  
Serial No. : 09/699,894 Examiner : Qi Han  
Filed : October 30, 2000 Group Art Unit : 2626  
For : MINIMUM BAYES ERROR FEATURE SELECTION IN SPEECH  
RECOGNITION

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on August 27, 2008 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)

(Signature of person mailing paper or fee)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

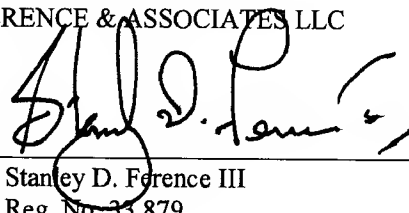
	Claims Remaining After Amendment (Col. 1)	-	Highest No. Prev. paid for (Col. 2)	=	Present Extra (Col. 3)	x	SMALL ENTITY			OTHER THAN A SMALL ENTITY			
							RATE	FEE			RATE	FEE	
Total Claims	10	-	** 20	=	* 0	x	\$25	=	O	x	\$50	=	0
Ind. Claims	3	-	*** 3	=	* 0	x	\$105	=	O	x	\$210	=	0
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$185	=	O	+	\$370	=	0
							<u>TOTAL</u>	= \$	O		<u>TOTAL</u>	=	\$0.00
									R				

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space  
\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$0.00 to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$0.00 filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: August 27, 2008

Mailing Address:

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